TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establishment Name			Legends Bar and Grill Auxiliary Type of Establishment O Mobile											1						
Address			155 Legends Dr., STE D O Temporary O Seasonal																	
City			Lebanon		Time in	04	1:1	3 F	M	A	M/PI	и Tir	ne ou	ut C	04:28 PM A	M/PM				
Inspecti	~ D	ata		01/17/202	3 Establishment #		_				_	d 0			-					
Purpose				MRoutine	O Follow-up	OComplaint	-		O Pro			<u> </u>		Cor	osuib	tation/Other				
										,	<i>w</i> , <i>y</i>						W No. Number of	I Conte	0	
NSK CB	Risk Category 😹1 0.2 0.3 0.4 Follow-up Required O Yes 🕱 No Number of Seats 0																			
as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.																				
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Mark designated compliance status (IK, OUT, KA, NO) for each numbered liem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																			
IN=in ¢	ompi	iance			e NA=not applicable liance Status	NO=not observe	d COS	R		\$=co	recte	d on-si	ite duri	ng ins	specti	tion R=repeat (v Compliance Stat	iolation of the same code pro		R	WT
IN	OUT	NA	NO		Supervision					h	IN	оит	NA	NO	C	Cooking and Reheating				
1 展	0			Person in charge pro	esent, demonstrates k	nowledge, and	0	0	5	16	0	0	0		Pro	Control For Safe oper cooking time and tem		-	ы	_
		NA	NO		Employee Health od employee awarene	er monting	~			17			ŏ		Prop	oper reheating procedures	for hot holding	_	8	5
<u>2 説</u> 3 漢	0			Proper use of restric		ss; reporting	0	0	5		IN	оυт	NA	NO	Co	ooling and Holding, De a Public He	te Marking, and Time a aith Control	•		
IN		NA			d Hygienic Practice	_				18		0	0			oper cooling time and temp			0	
4 嵐 5 嵐	0		_		g. drinking, or tobacco ryes, nose, and mouth	use	0	0	5		0 133					oper hot holding temperatu oper cold holding temperat		0		
IN 6 嵐	001	NA		Preventin Hands clean and pre-	g Contamination by	Hands	0	0				0			-	oper date marking and disp		0	0	°
7 嵐	ō	0	ō	No bare hand conta	ct with ready-to-eat for	ds or approved	0	ō	5	22		0	O NA		Tim	ne as a public health contr Consumer	ol: procedures and records	0	0	_
8 🐹	0				properly supplied and	accessible	0	0	2	23	_	0	0			nsumer advisory provided		0	ि	4
9 🕱	0	NA		Food obtained from			0	0			IN	OUT	NA	NO	food	Highly Suscepti	ble Populations	-		
10 O 11 💢	0	0	8	Food received at pro Food in good condit	oper temperature ion, safe, and unadulte	rated	8	0	5	24	X	0	0		Pas	steurized foods used; proh	ibited foods not offered	0	0	5
12 0	ō	×	0		ailable: shell stock tag		0	ō			IN	OUT	NA	NO		Chem	lcais	+		
IN 43 SS	OUT	NA	NO	Protect	tion from Contamin	ntion	~			25	0 炭	0	X		<u> </u>	od additives: approved and		<u> </u>	8	5
13 <u>溴</u> 14 <u>溪</u>	0	8		Food separated and Food-contact surfac	es: cleaned and saniti	sed	8	0		20	IN		NA	NO	1 OX	xic substances properly id Conformance with A		+	101	
15 渓				Proper disposition o served	f unsafe food, returned	food not re-	0	0	2	27	0	0	×			mpliance with variance, sp VCCP plan	ecialized process, and	0	0	5
		_	Geo	d Rotall Reaction		to co			. In the	-						hamicals and shurls	al objects into foods.	-		
			900	a fortail Practice	is are preventive r	nessures to co						_		yens	, cr	nemicals, and physic	al objects into toods.			
			00	T=not in compliance		COS=corre	cled o	n-site	during				`				on of the same code provision			
	OUT			Safe F	iance Status ood and Water		COS	R	WT		0	UT				Compliance Sta Utensils and Equip		cos	R	WT
28 29				d eggs used where r ice from approved s				8		4	5					od-contact surfaces cleana d used	able, properly designed,	0	0	1
30	0	Varia		obtained for specializ	ed processing method	3	ŏ	ŏ	1	4	6	-				cilities, installed, maintain	ed, used, test strips	0	6	1
- 14	001	-	er co		perature Control adequate equipment fo	r temperature	0	0	2	4	, ,	_			-	t surfaces clean		0	0	1
31	-	cont		properly cooked for	hat holding		-	0				UT O H	of and	Look	(unat	Physical Facilit ter available; adequate pro				2
33	0	Appr	oved	thawing methods use	ed		0	0	1	4	9	ΟP	lumbir	ng ins	stalle	ed; proper backflow device	15	0	0	2
34	X OUT		mome	eters provided and as Food	courate		0	0	1	5	_	-				ste water properly dispose properly constructed, supp		0	0	2
35	0	Food	d prop	erly labeled; original	container; required rec	ords available	0	0	1	5	_	_				properly disposed; facilitie		0	0	1
	OUT			Prevention of	Food Contaminatio	n				5	3	o P	hysica	I faci	ilties	s installed, maintained, an	d clean	0	0	1
36	0	Inse	cts, ro	dents, and animals r	ot present		0	0	2	5	4	0 A	dequa	te ve	entilat	ation and lighting; designal	ed areas used	0	0	1
37	0	Cont	tamina	ation prevented durin	g food preparation, sto	rage & display	0	0	1		0	UT				Administrative H	ems			
38 39	-			leanliness ths; properly used ar	vi starad		0	0	1		_	<u> </u>		-		costed pection posted		0	0	0
40	0	Was	_	ruits and vegetables	N BIOTON			ŏ		Ĕ	<u>• 1 •</u>	<u> </u>	00010	Cent	порл	Compliance Sta				WT
41	001		e ute	Proper I nsils; properly stored	Use of Utensils		0	0	1	5	7	- 0	omplia	ance	with	Non-Smokers Pr h TN Non-Smoker Protecti			IOI	_
42	0	Uter	sils, e	quipment and linens	properly stored, dried		0	0	1	5	8	T	obacc	o pro	duct	ts offered for sale		0	0 0	•
43				ed properly	es; properly stored, us	-0		8		24	9	1	10080	co pe	oduc	icts are sold, NSPA survey	compieted	10		
Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food																				
service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-708, 68-14-709, 68-14-715, 68-14-715, 68-14-716, 4-5-329.																				
Colore 1			F			01/1			2	-				rŪ	+	an		01 //	0	022
Signat	te of	Por	ion le	Charge		01/1	1//2		5 Date	Sk	Inat	ite of	Envir	K	antal	al Health Specialist		01/1	L//2	Date
orginatu		1.010	-ser III		Additional food safet	information can	be fo			- 4										Late
PH-2267	Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice Free food safety training classes are available each month at the county health department. RDA 629 PH-2267 (Rev. 6-15) PH-2267 (Rev. 6-15)																			

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 60		
P192201 (Nev. 0-15)	Please call () 6154445325	to sign-up for a class.	hDe of

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Legends Bar and Grill Auxiliary Establishment Number #: 605204470

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are wenty-one (21) years of age or older.	
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	
No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Sarage type doors in non-enclosed areas are not completely open.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)				
Three comp sink Sani Bucket	Chlorine Quat	50 100					

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Food Temperature	State of Food	Temperature (Fahrenheit

Observed Violations	
Total #	
Repeated # ()	
34: No visible thermometers inside of beer coolers and RIC at the bar	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Legends Bar and Grill Auxiliary

Establishment Number : 605204470

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6:

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: See sources

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20:

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

22: (NO) Time as a public health control is not being used during the inspection.

23:

- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NÁ) Establishment is not required to have a variance or HACCP plan, performs no special processes.
- 57: 58:

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments See last page for additional comments.

Establishment Information

Establishment Name: Legends Bar and Grill Auxiliary Establishment Number: 605204470

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

Establishment Information

Establishment Name: Legends Bar and Grill Auxiliary
Establishment Number # 605204470

Sources			
Source Type:	Food	Source:	GFS LIPMAN BROTHERS BEST
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments